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Bib Data Sheet

<b>SERIAL NUMBER</b> 10/609,133	<b>FILING OR 371(c) DATE</b> 06/26/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> UCT-0046-P2
<b>APPLICANTS</b> Mansoor Sarfarazi, Farmington, CT; Tayebeh Rezaie, New Britain, CT; Anne Hawthorne Child, Keston, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> p This application is a CIP of 10/281,457 10/25/2002 ABN which is a CON of 10/090,118 02/28/2002 ABN which is a CIP of 10/060,981 01/30/2002 ABN which claims benefit of 60/344,754 12/24/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/20/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature <i>Jehanne S. H. qp</i> Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 43 <b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 23413				
<b>TITLE</b> Optineurin and glaucoma				
<b>FILING FEE RECEIVED</b> 915	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	